

Fill in this information to identify the case:

Debtor _____
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number _____
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.2 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

2.3 Priority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.____ Priority creditor's name and mailing address \$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____ **Basis for the claim:** _____

Last 4 digits of account number _____ **Is the claim subject to offset?**

No
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.____ Priority creditor's name and mailing address \$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____ **Basis for the claim:** _____

Last 4 digits of account number _____ **Is the claim subject to offset?**

No
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.____ Priority creditor's name and mailing address \$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____ **Basis for the claim:** _____

Last 4 digits of account number _____ **Is the claim subject to offset?**

No
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.____ Priority creditor's name and mailing address \$ _____ \$ _____

As of the petition filing date, the claim is:
Check all that apply.

Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____ **Basis for the claim:** _____

Last 4 digits of account number _____ **Is the claim subject to offset?**

No
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.2	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.3	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.4	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.5	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.6	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.____ Nonpriority creditor's name and mailing address _____

As of the petition filing date, the claim is: \$ _____
Check all that apply.

Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.____ Nonpriority creditor's name and mailing address _____

As of the petition filing date, the claim is: \$ _____
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.____ Nonpriority creditor's name and mailing address _____

As of the petition filing date, the claim is: \$ _____
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.____ Nonpriority creditor's name and mailing address _____

As of the petition filing date, the claim is: \$ _____
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.____ Nonpriority creditor's name and mailing address _____

As of the petition filing date, the claim is: \$ _____
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____

Part 3:

Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. **Total claims from Part 1** 5a. \$ _____

5b. **Total claims from Part 2** 5b. + \$ _____

5c. **Total of Parts 1 and 2** 5c. \$ _____
Lines 5a + 5b = 5c.